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Navy & Marine Corps Medical News  
MN-99-40  
Oct 8, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

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Headline: BUMED announces new policy on corneal refractive surgery  
By Lt. Jensin W. Sommer, USN, Bureau of Medicine and Surgery

WASHINGTON -- The Bureau of Medicine and Surgery recently released new corneal refractive surgery physical standards and waiver policies for general accessions into the Navy and Marine Corps, as well as for active duty personnel currently serving in undersea/diving/special warfare, surface warfare and for air warfare communities. The September 29 administrative message promulgates the first comprehensive policy established by BUMED concerning corneal refractive

surgery to correct visual acuity that is worse than 20/20. Refractive surgery is designed to reduce or eliminate the need for glasses or contact lenses. There are currently four types of procedures: Radial Keratotomy (RK), Photorefractive Keratectomy (PRK), Laser in-situ Keratectomy (LASIK), and Intracorneal Ring Implantation (ICR). Under the new policy, all forms of refractive surgery are considered disqualifying for general new accessions into the Navy or Marine Corps, but can be waived if specific eligibility criteria are met. Currently, PRK is considered the procedure of choice for such candidates, though other procedures may be evaluated for waivers on an individual case basis. However, for applicants seeking appointment in warfare communities, PRK is the only form of refractive surgery that will be considered for waiver at this time. This new policy has the greatest impact on the Navy and Marine Corps aviation communities. Navy and Marine aviators will now join submariners and surface warfare officers in being able to obtain a waiver to undergo PRK surgery, although it will be on a limited basis initially. Aviators who meet the eligibility criteria for PRK surgery may elect to have the procedure if they are accepted into a Navy-sponsored clinical study, and are granted prior permission from their commanding officers. Personnel in Diving and Special Warfare communities do not need a waiver for corneal refractive surgery as long as the procedure performed is a PRK. They must also have prior approval from their commanding officers. Active duty members not assigned to warfare communities can elect to have any type of corneal refractive surgery performed through the Navy, or alternatively at their own expense in the civilian sector, as long as they receive authorization from their command. It is important for them to realize that if they have a procedure other than a PRK, and subsequently seek appointment in a warfare community, they will be considered disqualified and potentially may not be eligible for waiver consideration. Naval Medical Center San Diego currently is the only center performing PRK surgery in the Navy. In November, Naval Medical Center Portsmouth will begin performing the procedure as well. Additional centers may be stood up in the future. The Navy PRK centers are intended to serve active duty personnel primarily in war fighting communities. However, limited opportunities may exist at these centers to treat other active duty service members. In addition to PRK, surgical procedures such as RK, LASIK, and Intracorneal Ring Implants (ICR) have been performed and evaluated in the civilian sector. However, civilian studies have not addressed many of the safety and efficacy issues unique to the visual needs of military personnel working in harsh operational environments. Navy ophthalmologists, led by Cmdr. Steve Schallhorn, MC, have spent the past seven years studying RK, PRK and most recently LASIK, at NMC San Diego and Naval Health Research

Center in San Diego.

"RK has been shown to lack the desired stable visual correction required for many military occupations. Numerous clinical studies on PRK have shown outstanding safety and efficacy results among personnel assigned to war fighter communities," Schallhorn said. "LASIK, ICR and other future surgical procedures will need further evaluation before it can be determined whether they are safe and effective procedures for active duty personnel in operational environments."

"The most significant contribution that PRK surgery offers to our active duty forces is its ability to enhance readiness and mission performance in a multitude of operational environments in which the use of glasses or contact lenses is either impractical or may compromise the ability to safely perform required duties," said Cmdr. Peter Custis, MC, Navy medicine's Specialty Leader for Ophthalmology. "For war fighters, corneal refractive surgery is not 'cosmetic' surgery."

More information about the physical standards and waiver policies is available on the BUMED homepage at [www.navymedicine.navy.mil](http://www.navymedicine.navy.mil). Under the "What's New" section, click on "Corrective Eye Surgery Information." BUMED will release another message in the near future announcing the implementation of the Navy's PRK surgery program for selected warfare communities. This program is intended to expand current capabilities to treat war fighters. The message will identify the procedures that personnel must follow to determine if they are eligible for surgery, the prioritization plan that will be used to establish head of the line privileges, and guidance for commanding officers, according to Custis.

Points of contact are:

For general accessions: CDR L. Grubb, (202) 762-3482

For Undersea/Diving/Special Warfare: CAPT J. Murray, (202) 762-3449

For Surface Warfare: CAPT J. Montgomery: (202) 762-3466

For Air Warfare: CAPT C. BARKER: (202) 762-3451

DSN prefix for these numbers is 762.

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Headline: TRICARE Prime Remote enrollment opens  
From Department of Defense

WASHINGTON -- Dr. Sue Bailey, assistant secretary of defense for Health Affairs, announced Tuesday that thousands of active duty service members who live in the United States but far from military hospitals and clinics can immediately enroll in a new program known as TRICARE Prime Remote. TRICARE Prime Remote facilitates access to primary medical care in the local areas where service members live and work. Active duty personnel who live and work more than 50 miles from a military hospital or clinic must enroll in TRICARE Prime Remote. In areas where there are TRICARE network providers, service members can select a primary care

provider from the network as their Primary Care Manager (PCM). If there are no network providers, service members may select any local, TRICARE-certified provider. Service members will no longer need to call the nearest military hospital or clinic to schedule an appointment for primary care services.

"Our approach in designing the Prime Remote benefit is to focus on the needs of the service members and their commanders," said Bailey. "We understand that duty in a remote area brings its own hardships. So when our service members are sick, we want them to see their doctors without the hassle of long-distance phone calls or requirements to travel unreasonable distances.

"When specialty care is needed, either the primary care doctor or service member must call and get an authorization," continued Bailey. "Additionally, there will be instances when we will need to determine if the medical condition will impact a member's fitness for duty." Authorization for specialty care is obtained from the regional contractor.

"I want to stress, however, that in the event of an emergency, service members should seek medical care immediately," Bailey said.

In these cases, pre-authorization is not required, but authorization must be obtained within 24 hours following the emergency.

The most important action that service members must take is to enroll in the program. Units will be receiving enrollment packets that include an enrollment form for each assigned member. In the event a unit or service member does not receive an enrollment packet, the service member or commander should call the regional contractor to get enrollment forms and other information on TRICARE Prime Remote. These toll-free phone numbers are listed at the end of this release.

If service members live in remote areas and have not yet enrolled, they still have their medical benefits. When they need non-emergency medical care, they should call the regional contractor at the number below to get an authorization. The regional contractor will also ensure the service member receives an enrollment form and other information on TRICARE Prime Remote.

Under TRICARE Prime Remote, pharmacy and mental health services are covered benefits. Pre-authorization for mental health care is required and may be obtained by calling the toll-free contractor number. Services such as toll-free health care information lines, access to preferred provider networks and use of regional Health Care Finders are all services available to military members in remote areas. The same TRICARE contractors that handle family member claims will now handle medical claims processing services for all active duty service members.

TRICARE Prime Remote includes dental care benefits.

Service members in remote areas may obtain care from any

licensed dentist (or VA facility where dental care is available to service members). Specialty dental care, as is medical care, must be approved before treatment. However, unlike medical care, the Military Medical Support Office (MMSO), Great Lakes Naval Station, Ill., will approve dental specialty care. The MMSO will also process and pay all military claims for dental care.

The Department of Defense established the MMSO, a joint service office, as part of the TRICARE Prime Remote initiative. The Navy serves as executive agent with medical representatives from the Army, Navy, Air Force and Coast Guard on the staff. The MMSO, same as the regional contractors, provides 24-hour, 7-day a week service to service members who have questions about obtaining civilian health care or who experience an emergency hospitalization. The MMSO will help guide callers to the appropriate regional contractor. The MMSO can be reached at 1-888-MHS-MMSO (1-888-647-6676) or at their web site:

<http://www.navymedicine.med.navy.mil/mmso/>

At this time, family members are not eligible for TRICARE Prime Remote. However, there are some programs for family members in remote areas in Regions 1 (Northeast), 2 (Mid-Atlantic), 5 (Heartland) and 11 (Northwest).

The Department is studying various options for expanding family member choices in the coming year. In the meantime, family members continue to have TRICARE Standard, and they may use TRICARE Extra in areas where network providers are available.

Personnel serving in remote areas overseas will continue to be served by the TRICARE Overseas Lead Agents (Europe, Pacific, and Latin America) in the same manner as previously arranged for remote units.

Additional information about TRICARE Prime Remote can be obtained by visiting the TRICARE Prime Remote website at <http://www.tricare.osd.mil/remote>. or by calling the regional toll-free numbers:

Northeast (Region 1) 1-888-999-5195

Mid-Atlantic (Region 2) 1-800-931-9501

Southeast (Region 3) 1-877-249-9179

Gulfsouth (Region 4) 1-877-249-9179

Heartland (Region 5) 1-800-941-4501

Southwest (Region 6) 1-800-406-2832

Central (Regions 7/8) 1-877-554-2224

Southern California (Region 9) and Golden Gate (Region 10)  
1-800-242-6788

Northwest (Region 11) 1-800-404-2042

Pacific (Region 12), Alaska and Hawaii 1-800-242-6788

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Headline: Quick actions by corpsmen help save heart attack victim

By Lt.j.g. Gregg W. Gellman, MSC, Naval Medical Clinic  
Annapolis

ANNAPOLIS, Md. -- Stephen Chavez, a retired Army Master

Sergeant, is alive and serving as a volunteer today at Naval Medical Clinic Annapolis because of the quick response of some hospital corpsmen there.

Chavez volunteers two days a week in the pharmacy and the computer services department. He said that he believes he should give a little back to the people who helped him with a medical emergency.

Chavez learned one morning that if it walks like a duck and quacks like a duck...it's a duck! Except this duck felt like an elephant sitting on his chest.

Hospital Corpsman Second Class James Eves (FMF) and Hospital Corpsman Stephanie Pierce were on duty one Saturday morning in April opening the clinic for the oncoming duty section.

The Military Medicine and the Primary Care Clinics were still closed for another four hours, so it was odd when they noticed an older man trying to enter the clinic.

"We walked up to the man," said Eves, "and asked him if [we] could help him. He said he was looking for the Primary Care Clinic and that he was having a little chest pain. He looked a little pale, but not deathly ill. The more I questioned him and the deeper into the history I went, the more bells and whistles went off."

It became apparent that Chavez was having a heart attack.

"We immediately put him on oxygen and laid him down. We then called the provider on duty," Eves recalled, "who told us to call the ambulance to take him straight to the hospital."

The reason Chavez had showed up at the clinic so early in the morning was he recognized the feelings he was experiencing was not because of some continuing illness, but because of a heart attack.

During the past year Chavez had been feeling poorly. He assumed it was his diabetes getting the best of him, but whenever he checked his sugar, he was fine. Then came this Saturday morning when he awoke with strong chest pains and his neck and face hurt. These were classic heart attack signs, but most people dismiss them as being something less harmful.

"I called TRICARE for an appointment, but (the advice nurse) advised me to call 911," said Chavez.

But as millions of people around the world each day respond, he couldn't believe he was having a heart attack.

Chavez instead drove about three miles to the still unopened clinic, where he was lucky to have encountered the two hospital corpsmen. Chavez then began a journey of recovery that took him from Anne Arundel Medical Center to the Veteran's Administration Hospital and finally to National Naval Medical Center Bethesda, Md. On May 24, he had triple-bypass surgery on three severely blocked coronary arteries, the ones that supply oxygen to the heart muscle.

"In all my years in the military, I have never been in a hospital like that," said Chavez about the team of surgeons who performed the bypass, the staff of cardiology doctors and the rest who took care of him.

"[All of the providers] came to visit me in my room [before surgery]. I thought it was great. They wanted to make sure I understood what they were going to be responsible for," said Chavez.

And about Navy medicine in general he replied, "I don't think I would have gotten that care anywhere else."

Chavez said he is especially grateful to the two hospital corpsmen that found him that morning, and despite the fact that he begins his intensive rehab from his surgery this month, he doesn't plan to stop volunteering.

"I am very pleased for another chance to give something back," he said.

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Headline: Navy mom sends infants home in style

By Lt. William Prevo, MSC, U.S. Naval Medical Clinics,  
United Kingdom

LONDON -- Jimmie Bottern, a resident of the Florida Keys and mother of Chief Hospital Corpsman Pamela Kuckenbrod stationed at the Navy Liaison Office, Landstuhl Regional Medical Center in Germany, had always wanted to join the Navy, but in her opinion "in 1954 it was not socially acceptable for women to join."

Instead she has provided support and encouragement to her daughter through Kuckenbrod's more than 20 years of service, no matter where the Navy has assigned the chief. No week has passed without at least a letter from home, and holiday packages have always provided ample goodies for many Sailors and friends.

Although many Navy moms have been known to look after their own Sailors and also send supportive letters and holiday gifts overseas to anonymous service members, none of their efforts can compare to a recent discovery about Jimmie Bottern made by Kuckenbrod's Commanding Officer, Capt. Adriane de Savorgnani, MC, of U.S. Naval Medical Clinics, United Kingdom,

"On a recent site visit to the Navy Liaison Office, we marveled at the number of infant pictures and thank you notes from parents on the chief's bulletin board," said de Savorgnani.

In all of the letters the parents expressed their thanks for the assistance provided them by Kuckenbrod during their hospital stay, which in most cases were emergency medical evacuations from the European theater to Landstuhl's Neo-Natal Intensive Care Unit. Even more interesting was they all included additional thanks for the baby blanket they received at discharge.

"When I first was assigned to Landstuhl, I wrote to Mam [mom] about all the tiny Neonatal Intensive Care babies that were born here via emergency [medical evacuation] from such places as Sigonella, Naples and LaMaddalena, Italy; Souda Bay, Crete and Rota, Spain," said Kuckenbrod.

Little did she know that the very next day, her mom started hand crocheting baby blankets and sending them to

Germany with these simple instructions - "Give to your Navy babies." And discreetly over the past two years, yarn purchased in Florida has been woven by this Navy mom and sent to Germany to accompany these Navy newborns and provide them a warm flight home with family.

Kuckenbrod did ask the families for just one thing - send a picture to her mother with the little one in the blanket. During a recent vacation at home, "Mam" received a beautiful letter from a family stationed in Rota.

"That little card and picture meant the world to Mam.

[It was] a priceless thank you," said Kuckenbrod.

-USN-

Headline: Former boatswain's mate addresses Great Lakes medical officers

By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Not every Medical Service Corps career has to begin with medicine. Capt. Jerry Anderson, MSC, director of Medical Service Corps Training Programs at the Bureau of Medicine and Surgery in Washington, D.C., proved that a sea-going career beginning can lead to a medical career ending.

Anderson gave his career overview and guidance to MSC officers during a recent presentation at Naval Hospital Great Lakes about Duty Under Instruction (DUINS) programs, describing how DUINS can improve an MSC officer's contribution to Navy medicine and also improve his career potential.

Anderson shared his personal knowledge of how a DUINS selection board works. He also discussed what it takes for the Navy to fully fund graduate education for an officer or an undergraduate degree for enlisted members seeking a commission in the Navy Medical Service Corps.

More importantly, Anderson took time to discuss a career that spans 37 years and has taken him from Great Lakes and duty aboard the USS Intrepid (CVS 11) as a boatswain's mate to becoming assistant to the Navy's Surgeon General and medical planner to the Commander in Chief U.S. Pacific Fleet.

After serving as a boatswain's mate aboard the Intrepid, he decided to become a hospital corpsman and entered Naval Hospital Corps School in 1963.

"It was all World War II vintage buildings and training was 16 weeks," Anderson said.

From there he recalled service with the 3rd Marine Division in Vietnam and handling an M-14 rifle. He remembered his father, a veteran, saying, "never give up your weapon."

Through the efforts of good mentors he was commissioned an ensign in the Medical Service Corps on the bridge of the USS Davis (DD 937) after the destroyer had completed a gunfire support mission in North Vietnam.

Anderson described the In-Service Procurement Program



(ISPP), which selects Sailors for commissioning upon completion of a degree, while others are given fully-funded orders to complete their bachelor's and are commissioned in the Medical Service Corps.

"Stress to your enlisted staff that quantitative (algebra, finance, calculus, statistics) courses are looked at carefully by the board that selects [Sailors] for commissions as Medical Service Corps officers," said Anderson. He also said that a 2.8 grade point average from an accredited college like the University of Chicago or Massachusetts is more favorable than a 4.0 grad point average from a non-accredited university. Anderson highlighted the importance of MSC officers applying early in their careers for Duty Under Instruction and to make their desires known to their specialty advisors and detailers. He then introduced the audience to the myriad college programs from Naval Postgraduate School to Naval War College and instructions on how to prepare a package. It was an enlightening hour and a half, and many junior officers came away with a new sense of direction about the education options available to them through the Navy.

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Headline: Pharmacy residency program awarded six-year accreditation

By Kevin Sforza, National Naval Medical Center Bethesda

BETHESDA, Md. -- The National Naval Medical Center's (NNMC) pharmacy residency program has met the exacting criteria of the American Society of Health-System Pharmacists and has been awarded a six-year accreditation.

That means, according to Cmdr. Brett Bayles, MSC, director of NNMC's residency program, the inspectors found the program to be very strong. Previous accreditations had only been for three years.

A pharmacy residency is a postgraduate training program that develops the knowledge, attitudes and skills needed to pursue rational drug therapy and embraces the concept that pharmacists must be responsible and accountable for optimal drug therapy outcomes.

"I am very satisfied with the accreditation," said Bayles. "It took a lot of coordination from the residency director, [instructors] and residency programs throughout the D.C. area."

Bayles pointed out that the Navy's pharmacy residents at Bethesda have the unique opportunity to expand their experience to include rotations at the National Institute of Health, the Veterans Administration, Walter Reed Army Medical Center and Children's Hospital.

The accreditation process is conducted by the American Society of Health-System Pharmacists. Accreditation standards require the program to include training in acute patient care, ambulatory patient care, drug information and policy development and practice management. The accrediting

team reviews the hospital facilities, instructors, curriculum and multidisciplinary involvement.

According to Bayles, there are one- and two-year residency programs throughout the nation. Many of these programs allow for specialty training in areas such as oncology, psychiatry, nutrition and pharmacy management.

"Bethesda is a one-year general hospital pharmacy practice residency, which provides the resident more experience beyond their six year doctor of pharmacy degree," Bayles said.

-USN-

Headline: Japanese health care professionals attend mass casualty exercise

By HM1 (FMF) Brian J. Davis, U.S. Naval Hospital Okinawa

OKINAWA, Japan -- Representatives from civilian emergency medical services throughout Okinawa watched as U.S. Naval Hospital Okinawa, Japan staged an unannounced mass casualty drill August 26, beginning a new era of cooperation between the U.S. Naval Hospital and Okinawa's civilian emergency medical services.

Directors and department heads from two of Okinawa's major emergency facilities, Chubu Hospital and Ryukyu University Hospital, as well as fire, rescue and ambulance supervisors from Naha City and Chatan township were onsite during the event. They observed how Navy medical personnel manage a large influx of emergency patients in the wake of a major accident.

A simulated bus rollover on a nearby installation with 35 victims provided the plot for the day's events. Marines and Sailors from 3rd Medical Battalion, 3rd Force Service Support Group volunteered their time to act as patients. They used theatrical makeup to simulate horrific injuries for added realism.

As the scenario unfolded, the Japanese observers were visibly impressed by the teamwork displayed by the staff of the U.S. Naval Hospital, particularly since the majority of the staff were not aware that any exercise was planned for that day.

When the initial drill announcement came over the hospital's public address system, staff members quickly went to work setting up the facility to receive the accident "victims." Triage personnel and stretcher bearers were waiting with their equipment unpacked and staged as the first ambulances pulled up to the receiving area.

The Japanese observers snapped photographs and scribbled notes amid the bustle and frequently commented about the efficiency and professionalism of the U.S. Naval Hospital's health care team.

"They continue to be amazed at how quiet and organized [hospital staff members] were," said Capt. J. W. Sentell, MC, USN, executive officer, U.S. Naval Hospital Okinawa.

Mass casualty training is a relatively new concept for Okinawa's emergency medical services.

A rescue supervisor from the Naha City Fire Department said the casualty drill is not normally done in civilian facilities on Okinawa. He said his fire department personnel saw a lot of equipment they had not seen before.

After the drill was finished, hospital staff members held a debrief and question and answer session for their Japanese counterparts. Among the issues discussed were protocols for chemical and biological attacks and the effectiveness of frequent training on the ability of medical personnel to function in a stressful environment.

Local authorities also expressed their desire to improve communication and establish protocols for dealing with language and cultural barriers encountered by civilian rescue teams when responding to situations involving Americans and treatment of Japanese civilians by U. S. military personnel.

"The observers were very impressed by what they saw today," said Kiyomi Tajima, community relations specialist for the U.S. Naval Hospital, Okinawa. "They want to learn more about what we do and work more closely with us in the future."

-USN-

Headline: October is Domestic Violence Prevention Month  
From Chief of Naval Operations

WASHIINGTON -- October has been designated Domestic Violence Prevention Month. Each of us can play an important role to end domestic violence.

As we approach the twenty-first century, we should reflect upon and celebrate the significant milestones and accomplishments of advocates who have raised the consciousness of our nation. The Violence Against Women Act of 1994 and related provisions have proven extremely effective nationwide in curbing domestic violence offenses and providing protection and peace to victims and their families.

Some facts about domestic violence:

A. Research indicates that an estimated two to four million women are victims of family violence every year in the U.S.

B. Domestic violence is one of the leading causes of injury to women.

C. An estimated 3.3 million children are at risk of being exposed to domestic violence every year.

D. Long-term effects of psychological trauma on some of these children are similar to that of children living in war zones.

The Navy is committed to ending domestic violence. We provide education and training at all levels throughout the military community by support, resources, and referrals for victims and offering intervention for offenders while holding them accountable.

The challenge is for all hands to become involved and make it our mission to stop violence. If you suspect that

someone is being abused or you are a victim of domestic violence, contact your local family advocacy program representative. The domestic violence hotline number is 1-800-799-safe(7233). Family violence case managers may be reached at Navy Personnel Command at (901) 874-4360/4349, DSN 882.

-USN-

Headline: Fleet Hospital Support and Program Offices  
transferring to BUMED  
By Elizabeth Van Wye, Naval Supply Systems Command

MECHANICSBURG, Pa. -- On October 1, the Fleet Hospital Support Office transferred from the Naval Supply Systems Command (NAVSUP) claimancy to the Bureau of Medicine and Surgery (BUMED) claimancy. At the same time, the NAVSUP Detachment Fleet Hospital Program Office (PML500) merged with the Naval Medical Logistics Command, also under the BUMED claimancy.

The Fleet Hospital Support Office, located at Cheatham Annex, Williamsburg Va., includes 42 civilians and 24 military personnel. The Fleet Hospital Program Office at Fort Detrick, Md., has three civilians and six military personnel. No positions were lost and no one changed locations in either organization as a result of the transfer of functions to BUMED.

The move was made to better align the functions of the two organizations with the core competencies of BUMED, which will become their major claimant.

NAVSUP's primary mission is to provide U.S. Naval forces with quality supplies and services. With headquarters in Mechanicsburg, Pa., and employing a worldwide work force of more than 820 military personnel and more than 9,000 civilians, NAVSUP oversees logistics programs in supply operations, contracting, conventional ordnance, resale, fuel, transportation and security assistance.

In addition, NAVSUP is responsible for quality of life issues for our naval forces, including food service, postal services, Navy Exchanges and movement of household goods. For questions or concerns about this story, contact Kathy Adams at 717-605-2287 or send email to [Kathy\\_S\\_Adams@navsup.navy.mil](mailto:Kathy_S_Adams@navsup.navy.mil).

-USN-

Headline: Cancer clinical trials claims mailing addresses  
From TRICARE Management Activity

WASHINGTON -- TRICARE-eligible persons who participate in the National Cancer Institute's (NCI) cancer-prevention and treatment clinical trials should send their claims for care received during the trials to one of two addresses, depending on the TRICARE region in which they live. The NCI's cancer prevention and treatment clinical trials allow TRICARE-eligible patients access to the latest cancer therapies. Under the demonstration project, which began in 1996, patients can have their treatment covered while they

participate in research studies designed to find better ways to prevent, diagnose and treat cancer.

TRICARE Regions 1, 2, 3, 4 and 5:

Palmetto GBA

DOD Cancer Prevention and Treatment Clinical Trials  
Demonstration

P.O. Box 100514, Florence, SC 29501-0514

Toll-free telephone: 1-800-779-3060

TRICARE Regions 6, 9, 10, 11, 12 and the Central Region  
(formerly Regions  
7/8):

Palmetto GBA DOD Cancer Prevention and Treatment Clinical  
Trials

Demonstration

P.O. Box 870060

Surfside Beach, SC 29587

Toll-free telephone: 1-800-395-7821

-USN-

Headline: 40th Navy Occupational Health and Preventive  
Medicine Workshop

By Karen Murphy, Naval Environmental Health Center

NORFOLK, Va. -- The 40th Navy Occupational Health and Preventive Medicine Workshop will be presented by the Navy Environmental Health Center (NEHC) in Norfolk, Va., from January 28 to February 4, 2000. The theme for this year's workshop is "Force Health Protection: Prepare and Protect." Conferences being held concurrently with the workshop include the Sixth Navy Independent Duty Hospital Corpsman Conference, the Eighth Health Promotion Conference and the Second Combined Operational and Aeromedical Problems Course. NEHC workshop registration personnel will provide information and manage registration for all conferences. Navy Surgeon General Vice Adm. R.A. Nelson, MC, will present the keynote address Monday, January 31. Lt.Gen. Peter Pace, USMC, commanding general, USMC Forces Atlantic, will present a talk about the line perspective, and Dr. Duane J. Gubler, Capt. US Public Health Service, will deliver the Woodward Lecture. The workshop will offer over 200 sessions on occupational health and safety, preventive medicine, aerospace medicine, health promotion, environmental protection and industrial hygiene. An electronic classroom and computer demonstration lab will provide hands-on instruction. Continuing education credits are available for most classes. The advance program, workshop registration and hotel information is available electronically on the NEHC home page at <http://www-nehc.med.navy.mil>. Participants may register by mail (deadline is January 10), by FAX at (757) 445-6060 or by an attachment to an e-mail message to [throwern@nehc.med.navy.mil](mailto:throwern@nehc.med.navy.mil) (deadline is January 21). There is no registration fee.

Registration headquarters will be the downtown Marriot Hotel. Attendees staying at one of the workshop hotels will be within walking or shuttle distance of all workshop events. Free parking is available at Harbor Park with free shuttle service around the downtown area.

For a paper or disk copy of the program and registration package, please contact Carol Boston at (757) 462-5508. A workshop information line is available at (757) 462-5423. The DSN prefix for all numbers is 253. The e-mail address is workshop@nehc.med.navy.mil.

-USN-

Headline: Anthrax question and answer

Question: Can I donate blood after receiving the anthrax vaccine?

Answer: Yes. There are no restrictions against donating blood if an individual has received the anthrax vaccine.

-USN-

Headline: TRICARE question and answer

Question: My PCM refuses to provide a referral for services I believe I need. What do I do?

Answer: The TRICARE Prime program has provisions for second opinions. If you feel that the diagnosis or treatment plan may not be correct, you can request that your Primary Care Manager refer you out for a second opinion.

Additionally, if you are dissatisfied with your Primary Care Manager (PCM), you can request assignment to another PCM.

If you are still not satisfied, you can file a complaint or grievance regarding the non-availability of service decision to the MTF Commander or Regional Lead Agent. Finally, you have the option of using the Point-of-Service option under Prime. A retroactive reimbursement may be an option through a successful appeal process.

-USN-

Headline: Healthwatch: Can exercise reduce your risk of catching a cold?

From The American Council on Exercise

WASHINGTON -- Sir William Osler, the famous Canadian medical doctor, once quipped, "There's only one way to treat the common cold - with contempt." And for good reason. The average adult has two to three respiratory infections each year. That number jumps to six or seven for young children. Whether or not you get sick with a cold after being exposed to a virus depends on many factors that affect your immune system. Old age, cigarette smoking, mental stress, poor nutrition and lack of sleep have all been associated with impaired immune function and increased risk of infection.

Keeping The Immune System In Good Shape

Can regular exercise help keep your immune system in good shape? Researchers are just now supplying some answers to this new and exciting question. Fitness enthusiasts have

frequently reported that they experience less sickness than their sedentary peers. For example, a survey conducted during the '80s revealed that 61 percent of 700 recreational runners reported fewer colds since they began running, while only 4 percent felt they had experienced more.

Further research has shown that during moderate exercise, several positive changes occur in the immune system.

Various immune cells circulate through the body more quickly, and are better able to kill bacteria and viruses. Once the moderate exercise bout is over, the immune system returns to normal within a few hours.

In other words, every time you go for a brisk walk, your immune system receives a boost that should increase your chances of fighting off cold viruses over the long term.

#### Should You Exercise When Sick?

Fitness enthusiasts and endurance athletes alike are often uncertain of whether they should exercise or rest when sick. Although more research is needed, most sports medicine experts in this area recommend that if you have symptoms of a common cold with no fever (i.e., symptoms are above the neck), moderate exercise such as walking is probably safe. Intensive exercise should be postponed until a few days after the symptoms have gone away. However, if there are symptoms or signs of the flu (i.e., fever, extreme tiredness, muscle aches, swollen lymph glands), then at least two weeks should probably be allowed before you resume intensive training.

#### Staying In Shape To Exercise

For athletes who are training intensely for competition, the following guidelines can help reduce their odds of getting sick.

1. Eat a well-balanced diet. The immune system depends on many vitamins and minerals for optimal function. However, at this time, there is no good data to support supplementation beyond 100 percent of the Recommended Dietary Allowances.

2. Avoid rapid weight loss. Low-calorie diets, long-term fasting and rapid weight loss have been shown to impair immune function. Losing weight while training heavily is not good for the immune system.

3. Obtain adequate sleep. Major sleep disruption (e.g., three hours less than normal) has been linked to immune suppression.

4. Avoid over-training and chronic fatigue. Space vigorous workouts and race events as far apart as possible. Keep "within yourself" and don't push beyond your ability to recover.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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